



Employee's & Client's Report of Injury Form

Support for Women and Children International (SFWACI)

Instructions: Employees & clients shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a Vice President for further action.

I am reporting a work related: Injury Illness Near miss

Your Name:

Job title:

Vice President:

Have you told your Vice President about this injury/near miss? Yes No

Date of injury/near miss:

Time of injury/near miss:

Name of Witness (if any):

Where exactly did it happen?

Describe step by step what led up to the injury/near miss. (Continue on the back if necessary):

What could have been done to prevent this injury/near miss?

What parts of your body were injured? If a near miss, how could you have been hurt?

Did you see a doctor about this injury/illness?

Yes

No

If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? Yes No	
If yes, when?	Vice President:
Your signature:	Date:




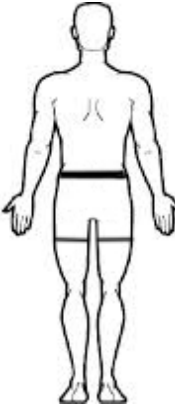
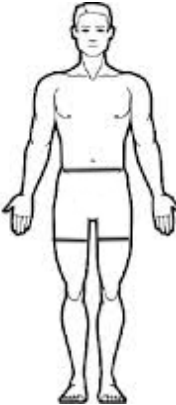
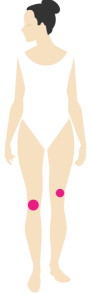


Incident Investigation Report

Support for Women and Children International (SFWACI)

Investigation: Complete this form as soon as possible after an incident that results in serious injury or illness. **(Optional:** Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*).

This is a report of a: Death Lost Time Dr. Visit Only First Aid Only Near Miss				
Date of incident:	This report is made by: Employee Vice President			

Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: Male Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">    </div> <div style="text-align: center;">    </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>Mild</p> <p><3 percent of the body</p> </div> <div style="text-align: center;"> <p>Moderate</p> <p>3–10 percent of the body</p> </div> <div style="text-align: center;"> <p>Severe</p> <p>>10 percent of the body</p> </div> </div>	Nature of injury: (Circle the most serious one) -Abrasion, scrapes -Amputation -Broken bone -Bruise - Burn (heat) - Burn (chemical) -Concussion (to the head) -Crushing Injury - Cut, laceration, puncture - Hernia -Illness -Sprain, strain -Damage to a body system: Other _____	(Circle which one you are) This employee works: -Regular full time -Regular part time -Seasonal -Temporary Months with this employer Months doing this job: _____

Step 2: Describe the incident		
Exact location of the incident:		Exact time:
What part of employee's workday?	Entering or leaving work	Doing normal work activities
During meal period	During break	Working overtime
Other _____		
Names of witnesses (if any):		

Step 3: why did the incident happen?	
<p>Unsafe workplace conditions: (Check all that apply & circle the one that's most fit)</p> <ul style="list-style-type: none"> -Inadequate guard - Unguarded hazard -Safety device is defective -Tool or equipment defective -Workstation layout is hazardous -Unsafe lighting -Unsafe ventilation -Lack of needed personal protective equipment -Lack of appropriate equipment / tools -Unsafe clothing -No training or insufficient training -Other: _____ 	<p>Unsafe acts by people: (Check all that apply & circle the one that's most fit)</p> <ul style="list-style-type: none"> -Operating at unsafe speed -Servicing equipment that has power to it -Making a safety device inoperative -Using defective equipment -Using equipment in an unapproved way -Unsafe lifting -Taking an unsafe position or posture -Distraction, teasing, horseplay -Failure to wear personal protective equipment -Failure to use the available equipment / tools -Other: _____
Why did the unsafe conditions exist?	

Why did the unsafe acts occur?

Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts?

Yes No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? Yes No

Have there been similar incidents or near misses prior to this one? Yes No

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- Stop this activity
- Guard the hazard
- Train the employee(s)
- Train the supervisor(s)
- Redesign task steps
- Redesign work station
- Write a new policy/rule
- Enforce existing policy
- Routinely inspect for the hazard
- Personal Protective Equipment
- Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: who completed and reviewed this form? (Please print)

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title

Date:



Vice President's Incident Investigation Form
Support for Women and Children International (SFWACI)

Name of Injured Person _____

Date of Birth _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

Male Female

What part of the body was injured? Describe in detail.

What was the nature of the injury? Describe in detail.

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using?

Names of all witnesses:

Date of Event _____ Time of Event _____

Exact location of event:

What caused the event?

Were safety regulations in place and used? If not, what was wrong?

Employee went to doctor/hospital? Doctor's Name

Hospital Name _____

Recommended preventive action to take in the future to prevent re-occurrence.

Vice President Signature _____ Date _____